PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Pangrounk Reduction of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number A Line Ne on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/936,205 Application Number TRANSMIT October 29, 2001 Filing Date For FY 2005 First Named Inventor SMITH et al. S. Snedden **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 1653 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 820.00 37945-0024 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: Heller Ehrman White & McAuliffe LLP ✓ Deposit Account Deposit Account Number: 08-1641 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity **Small Entity** Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 Utility 500 200 150 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 600 250 300 200 100 0 Provisional 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) 50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 **Extra Claims Total Claims** Fee Pald (\$) **Multiple Dependent Claims** Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Extra Claims Indep. Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Extra Sheets Total Sheets** Fee (\$) ____ (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Notice of Appeal (\$250); Petition for Extension of Time (\$570)

SUBMITTED BY	\sim		
Signature	14P.C	Registration No. (Attorney/Agent) 33,715	Telephone (202) 912-2000
Name (Print/Type)	John P. Isacson	Customer No. 26633	Date February 23, 2005